


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90159 009 \*\*\*\*70.00

**DOCUMENT # N08774**  
 1. Entity Name  
**UNITED METHODIST CHURCH OF PARRISH, INC.**



Principal Place of Business  
 12180 US HWY 301  
 P.O. BOX 375  
 PARRISH, FL 34219

Mailing Address  
 12140 69TH STREET E.  
 P.O. BOX 375  
 PARRISH, FL 34219

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40060110



04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2384853**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

DEWITT, WARREN  
 12140 69TH STREET E  
 PARRISH, FL 34219

**7. Name and Address of New Registered Agent**

Name **WILLIAM H HANCOCK**

Street Address (P.O. Box Number is Not Acceptable)  
**7050 SUNSET DR S, #803**

City **SOUTH PASADENA** FL Zip Code **33707**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William H Hancock, TREASURER* DATE **4/21/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BISHOP, DON 11105 35TH COURT EAST PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUNN, WILLIS 15641 COUNTY ROAD 675 PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOHL, DOUGLAS 8514 28TH STREET EAST PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAMILTON, PATRICIA 4311 36th AVE E PALMETTO, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARKER, HEATHER 9011 71ST AVENUE EAST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FORNEY, RONALD 10405 ERIE Rd. PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, TOM 3804 5TH AVENUE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Sawyer* DATE: **4/24/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #